OFFICE OF RELIGIOUS EDUCATION
ROMAN CATHOLIC DIOCESE *of* PROVIDENCE

FAITH FORMATION CLASSES

Registration Form

Last Name _____ First Name _____

Address _____ City _____ Zip Code _____

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Parish _____ City _____ How did you learn about the courses? _____

Course Registering For _____ Start Date _____ Amount Enclosed _____ Check Cash

For more information or to register please contact:

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